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1993 PROVINCIAL SURVEY OF
WORKPLACE PROGRAMS

**EMPLOYEE ASSISTANCE,
HEALTH PROMOTION
AND DRUG TESTING PROGRAMS
AT ONTARIO WORK SITES**

Scott Macdonald and Samantha Wells

**EMPLOYEE ASSISTANCE, HEALTH PROMOTION AND
DRUG TESTING PROGRAMS AT
ONTARIO WORK SITES**

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EXECUTIVE SUMMARY

In 1988/89, a survey was conducted among a representative sample of human resource managers from 1,056 workplaces in Ontario with 50 or more employees. These same companies were contacted four years later in this 1992/93 survey. The main purpose of this survey was to examine how the nature and extent of workplace programs, such as Employee Assistance Programs (EAPs), drug testing programs and Health Promotion Programs (HPPs), have changed over the past four years.

When the 1,056 workplaces were contacted, a large number (254) had gone out of business or were ineligible to participate in the study for other reasons, which left 802 workplaces in the study. From these 802 workplaces, 647 completed the questionnaire, producing a response rate of 80.7%.

The percentage of workplaces with EAPs increased dramatically from 16.1% in the 1989 survey to 32.0% in the 1993 survey. For workplaces that still had 50 or more employees in 1993, 39.4% had EAPs. The percentage of work sites with EAPs varied greatly among ten major work sectors. Government (51.4%) and health and education (45.7%) were most likely to have EAPs while retail trade (12.8%) and construction (3.3%) were least likely to have EAPs. In addition, larger unionized work sites were more likely to have EAPs.

In the sample of 647 workplaces, 83,427 employees were covered by EAPs. It is estimated that approximately 1,892,000 employees in Ontario (or 37.5% of all employees) are covered by EAPs. Including family members, about 3,672,000 people (or 33.9% of all Ontario

residents) have access to treatment through EAPs. In terms of EAP utilization, an estimated 148,000 people use EAPs in Ontario per year.

Two major trends emerged over the past four years with respect to the characteristics of EAPs. First, there was a strong trend towards providing only voluntary or self-referral routes for treatment. Second, employers became more likely to utilize external private contracted services for treatment, much less likely to utilize internal services for treatment, and slightly less likely to utilize existing public community service agencies.

Drug testing is another type of program that has recently emerged in the workplace to address alcohol and drug problems. A four-fold increase occurred in the proportion of work sites with drug testing programs. About 4% of work sites had drug testing programs in 1993, compared with about 1% with such programs in 1989.

Growth also occurred for practically all types of HPPs. The largest growth was seen in the use of blood pressure clinics (11.2% in 1989 to 21.3% in 1993) and nutrition programs (12.1% to 20.2%). Other programs common in Ontario workplaces were sponsorship for courses to learn new skills (51.1%), the distribution of information on healthy lifestyles (35.9%), smoking cessation programs (27.3%), and the distribution of information on alcohol (27.3%).

SPECIFIC AIMS AND BACKGROUND

Health care professionals have long recognized the potential of the workplace for the provision of both therapeutic and preventative health strategies. Towards this end, various programs have been implemented in workplaces to address health related problems. For instance, Employee Assistance Programs (EAPs) are programs in organizations where employees with alcohol, drug, or other personal problems can receive the appropriate treatment. Health Promotion Programs (HPPs) also operate within the workplace and provide opportunities for employees to maintain or improve their current health status before serious problems emerge. Both approaches are well recognized as beneficial to workers' psychological and physical health. Less agreement exists among specialists as to whether another approach, the use of drug testing programs, is beneficial to employees in addressing drug problems. Drug testing programs (sometimes called drug screening programs) aim to identify drug users by chemically analysing the bodily fluids of employees for metabolites of certain psycho-active drugs.

Characteristics of these programs differ widely among work sites. For example, some EAPs are run by management, others by unions, and many are jointly run by management and unions. Some programs incorporate formal routes of referral to the EAP, whereas other programs operate on a voluntary basis. Diversity also exists in the types of HPPs companies may implement. For example, organizations might offer stress management, smoking cessation, fitness programs, nutrition clinics, and/or day care facilities. Health Promotion also includes the dissemination of health related information to employees pertaining to concerns such as drugs, alcohol and AIDS. Finally, drug testing programs can be implemented in a variety of ways. Several types of drug testing programs exist, including random testing, periodic testing,

where employees are tested at regular time intervals, and pre-employment testing, where job applicants are tested. Consequences for those who test positive include immediate dismissal, a warning, or referral to treatment. The substances screened and laboratory procedures used also vary considerably.

Despite the diversity in EAPs, HPPs, and drug testing programs, very little research has been conducted on the nature and extent of these programs. The purpose of this study is to examine the prevalence and major characteristics of EAPs, HPPs, and drug testing programs in Ontario, and to monitor the extent to which these programs have changed over time.

REVIEW OF THE LITERATURE

Employee Assistance Programs

Since the emergence of EAPs in the early 1940's many changes have occurred regarding the structure of such programs. Few of the original programs had written policies outlining procedures for program use, but written policies are common today. The earliest programs dealt exclusively with alcohol problems and required supervisors to identify people who abused alcohol (i.e., mandatory referrals). In contrast, most programs today are "broad-brush"; that is, they include treatment options for a wide variety of problems. More emphasis is placed on early identification of problems, and correspondingly, mechanisms for voluntary self-referral are included in most programs. Another long term trend has been the movement away from utilizing internal services for assessment and treatment towards using services outside of the workplace (see Trice et al., 1983; and Macdonald & Dooley, 1990a for a history of such

changes). Although these and other changes have been noted as occurring over time, the extent and rapidity to which these changes have occurred is largely unknown.

Most studies on the prevalence and nature of EAPs were not representative because they were limited to subgroups of the population or certain geographic areas. In 1975, 348 organizations in Ontario were studied (Shain & Groeneveld, 1980). These organizations were known to have used constructive coercion¹, a particular technique for identifying and referring troubled employees. Later, another study was mounted in order to address the nature and extent of EAPs that had been promoted by the Addiction Research Foundation (ARF) (Albert & Macdonald, 1982). Such studies, while providing important information about certain subgroups and how they operate, were not highly representative of all Ontario workplaces.

In other studies, information was collected from a more complete universe of employers, but restricted in terms of the geographic areas studied. For example, comprehensive surveys were conducted in Peel (Groeneveld et al., 1980a), Kirkland Lake (Groeneveld et al., 1980b), and Northeast Toronto regions (Shain & Hassan, 1979). Although such studies provided valuable information about EAPs in these geographic localities, results could not be generalized to the rest of Ontario or compared across different regions of the province.

In 1989, an Ontario survey was conducted to determine the nature and extent of workforce health programs in the province (Macdonald & Dooley, 1990b). Results from this study could be generalized to organizations across the province since the overall response rate was high (78%) and the sample was nearly identical to the population in terms of work sectors

¹Constructive coercion is the process where supervisors identify personal problems and suggest the use of an EAP. If the employee refuses to use an EAP, job loss could result. Today, the term constructive coercion has been replaced by the term formal referral, where supervisors identify work problems and suggest an EAP. Failure to use the EAP doesn't, in itself, result in job loss.

and geographic locations. Results of this study indicated that about 16% of all work sites had EAPs, representing about 27% of Ontario employees from work sites with 50 or more employees. Government, health and education services were more likely to have EAPs, whereas the construction and retail sectors were less likely to have EAPs.

Few studies have been conducted on the nature and extent of EAPs in jurisdictions other than Ontario. Studies of limited scope and comprehensiveness have been conducted in the U.S., such as Wisconsin (Morgan-Janty, 1983), California, and New England (Putnam & Stout, 1985), but results are not generalizable to Canada since American workplace programs are very different from those in Canada. Other studies have focused on federally regulated private sector companies (Labour Canada & Health and Welfare Canada, 1990) and federally regulated Canadian transportation companies (Macdonald & Dooley, 1991). While these studies were helpful in understanding particular work sectors, the results are not generalizable to other sectors. Finally, the International Labour Organization carried out a survey of workplace programs in seven countries, including Canada (Wack et al., 1991). Unfortunately, the number of companies surveyed in each country was too small to draw accurate conclusions (e.g., in Canada, seven companies were selected).

Drug Testing Programs

Drug testing programs first appeared in the United States during the 1960s and early 1970s. During this period the Department of Defense (DOD) used urinalysis to screen military personnel returning from Vietnam. Treatment programs used drug testing as part of the rehabilitation process for those with dependency problems. During the 1980s, an increase in the

number of U.S. companies with drug testing programs occurred following the development of more reliable technology for drug testing, heightened awareness about the apparent high rates of drug use among certain populations (i.e., military personnel), and important legislative developments that promoted drug testing. In 1986, about 25% of the largest 500 companies in the U.S. had drug testing programs (Masi & Burns, 1986). In 1987, 49% of 364 respondents from a survey of the top Fortune 1,000 companies in the U.S. reported having pre-employment testing. A more recent study reported that about 85% of major U.S. firms screen employees, applicants, or both for drug use (AMA News, 1993). From 1988 to 1990 the percentage of *all* companies with testing programs increased from 3.2% to 4.4.% (International Labour Office, 1991).

In Canada, about 19.5% of federally regulated transportation companies with 100 or more employees had drug testing programs in 1990, and 14.5% had alcohol screening programs (Macdonald & Dooley, 1991). According to Macdonald and Dooley (1991), within the transportation sector, drug testing was most common in the railway industry (50%), followed by aviation airports (33%), and less common in busing (23%), trucking (21%), and aviation-airlines (17%). Employees working in potentially hazardous conditions were most likely to be tested; 80 percent of companies with screening tested such employees. The most common type of screening program was pre-employment testing (81%), followed by periodic testing (44%), and post accident testing (36%) (Macdonald & Dooley, 1991). As yet, little is known about the types and extent of testing programs among other occupational sectors in Canada.

Health Promotion Programs

Health Promotion is a relatively new phenomenon that has expanded considerably during this decade. The dramatic increase in health care costs has spurred interest in preventative health care approaches. The workplace is viewed as an important environment from a health promotion perspective; people spend the majority of non-sleeping hours at work, in transit to and from work, and in getting ready for and winding down from work.

Some studies have been conducted to determine the extent of specific Health Promotion Programs. For example, the Canadian Public Health Association examined the extent of fitness programs in Canada. They found that 25.4% of organizations with 500 or more employees had such programs. However, the generalizability of this figure is weak owing to a low response rate. In their province-wide survey of health programs, Macdonald and Dooley (1991) found that about 36% of employers had at least one out of eleven selected programs. Shain et al. (1986) conducted a survey of 45 work sites in the Toronto area and examined the prevalence of HPPs. These programs were most prevalent among the financial and public sectors. Also, large work sites (i.e., work sites with more than 500 employees) were more likely to have HPPs than smaller work sites. Unfortunately, the results of this study were not generalizable to the population of Ontario work sites because the sample was not randomly selected. General surveys have been conducted in other geographical jurisdictions. For example, Fielding and Breslow (1983) examined Health Promotion Programs sponsored by California employers. They found that 78.4% of employers with 100 or more employees had at least one health promotion program (Fielding & Breslow, 1983).

MAJOR OBJECTIVES

Deficiencies in information available for the province of Ontario regarding the nature and extent of EAPs, HPPs, and drug testing programs led to the completion in 1988/89 of a survey of 1,056 workplaces with 50 or more employees. In order to assess how programs in these workplaces have changed since 1989, a follow-up survey was conducted in 1992/93. Major objectives of the follow-up study are as follows:

- Objective 1.** To determine the percentage of work sites in Ontario with EAPs, HPPs, and drug testing programs;
- Objective 2.** To determine the nature of EAPs and drug testing programs;
- Objective 3.** To determine how the percentage of EAPs, HPPs, and drug testing programs vary with respect to work sectors and other demographic characteristics, such as organizational size;
- Objective 4.** To assess how the nature and extent of EAPs, HPPs, and drug testing programs have changed in the past four years.

STUDY DESIGN AND DATA COLLECTION METHODS

The Sample

In 1989, a comprehensive list of *all* work sites in Ontario with 50 or more employees was purchased from Dun and Bradstreet of Canada, an international marketing firm. For each work site, information included the work site name, address, telephone number, name of the executive director, number of employees at the work site, total number of employees in the organization, and the type of work sector. Work sites were first grouped into each of the 50 counties and districts in Ontario, and then listed alphabetically within each of the ten major work sectors. A systematic sample with a random start of 10% of these work sites was drawn from

the organized list. This sampling method ensured that 10% of the work sites were selected from each county/district of Ontario. As well, the sample was nearly identical to the population in terms of work sectors represented. At that time, 10,557 work sites had 50 or more employees; thus, 1,056 work sites were selected for the sample.

For the 1993 survey, the same sample of work sites used in 1989 was employed. The primary advantage of using this sample (i.e., a panel study) for the second survey, rather than obtaining a new sample, is that variations within groups are minimized between time periods. This means that estimates of changes in program characteristics over time are more accurate. A drawback of this approach is that work sites in the second survey might be less representative of work sites in Ontario due to company closures and new companies opening after 1989.

Data Collection Instruments and Procedures

A questionnaire was developed in 1988 and revised somewhat in 1992, addressing topics related to various characteristics of EAPs, HPPs, and drug testing programs (see questionnaire in Appendix A). Questions on major workplace characteristics were also included in the questionnaire.

Data collection, which started in October, 1992, and finished in February, 1993, included the following procedures.

Week One: Initial Contact - Each work site was contacted by telephone to determine or verify the name of the personnel manager or another appropriate individual who could complete the questionnaire.

Week Two: Mail Out Questionnaires - The personnel manager was sent a covering letter (see Appendix B), a copy of the questionnaire, and a stamped, self-addressed, return envelope. The covering letter outlined the purpose of the survey and assured anonymity of responses. A copy of this letter was sent to the president of the organization.

The following procedures were used with non-respondents:

Week Eight: First Follow-up Call - If the questionnaire was not returned, a first follow-up call was used to determine whether the questionnaire had been received by the company and to encourage individuals to complete it. In some cases, the personnel manager had delegated responsibility to someone else in the organization to complete the questionnaire. The name of this individual was obtained and subsequently contacted. The first follow-up call was also used to document whether the work site had an EAP.

If the personnel manager indicated that the questionnaire had never been received, another questionnaire and covering letter was mailed immediately. In addition, a handwritten personalized note was sent to link the second mailing with the telephone conversation. Telephone interviews were conducted in cases where recipients indicated that they wished to complete the questionnaire by telephone.

Week Twelve: Follow-up Letter - If the questionnaire was not returned at this point, a follow-up letter (see Appendix C) and another copy of the questionnaire was sent to the personnel managers. The letter reiterated the importance of their participation in the survey and the anonymous nature of the study.

Week Fourteen: Second Follow-up Call: If the questionnaire was not returned by this time, a second call was made to the personnel manager. Again, attempts were made to complete the questionnaire over the telephone.

RESULTS

The Response Rate

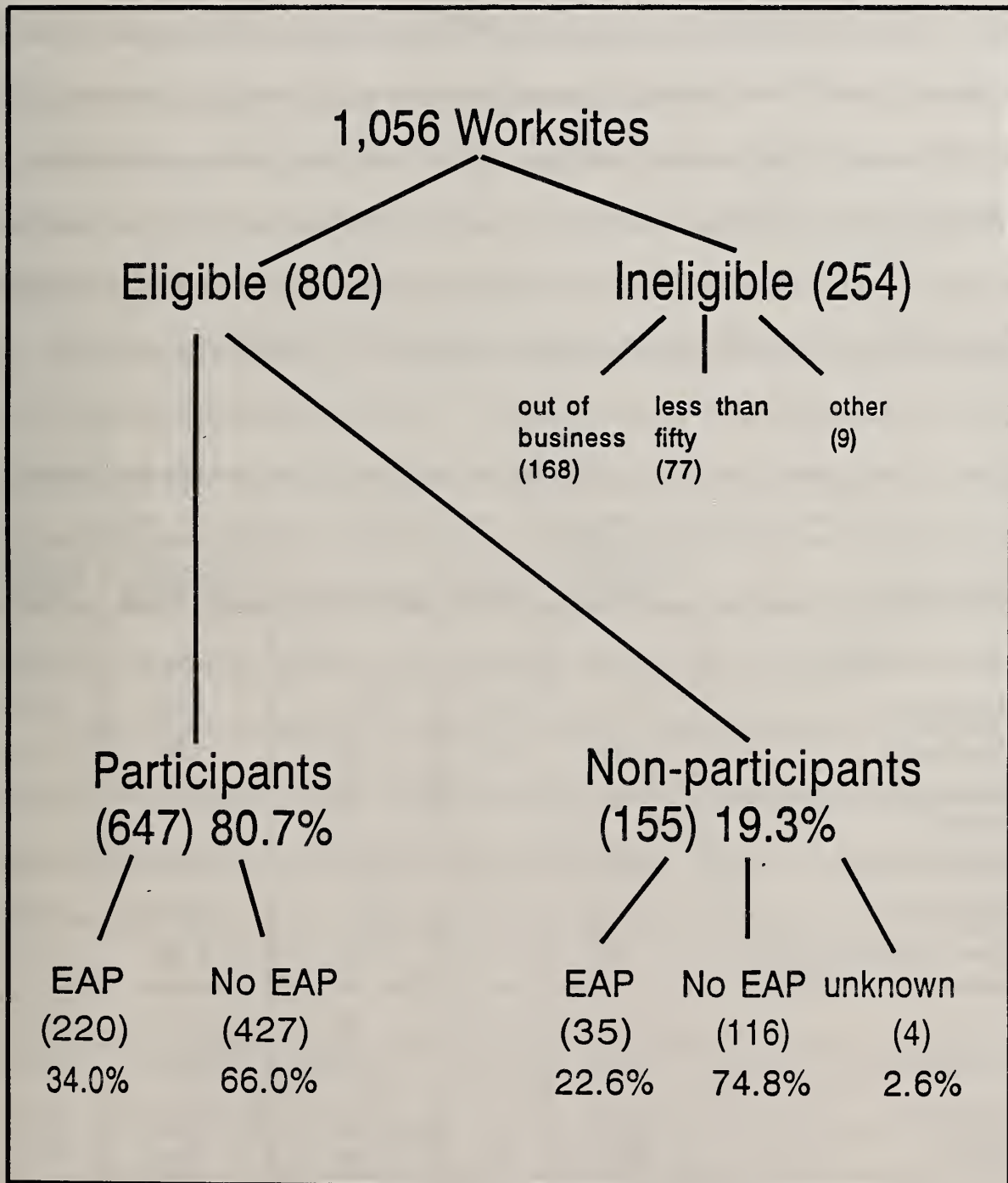
During the initial telephone calls and subsequent follow-up procedures it was discovered that 254 (24.0%) of the 1,056 work sites were not eligible to participate in the study (see Figure 1). More specifically, 168 organizations could not be contacted because the telephone number was not in service and no listing was found for a new number, or the organization had gone out of business. Seventy-seven organizations indicated they were ineligible because they had fewer than 50 employees, and 9 organizations were ineligible for other reasons, such as being closed for the season or the line of business had changed. All these work sites were dropped from the sample, leaving 802 workplaces eligible to participate in the survey.

During telephone contact, information on whether work sites had an EAP or drug screening program was obtained for 99.5% of the sample (i.e., $798 \div 802$). From the original sample of 802 workplaces, 647 completed the questionnaire (482 returned completed questionnaires, and 165 completed telephone interviews). Therefore, a response rate of 80.7% was obtained for completion of the questionnaire.

Representativeness of the Sample

In this study, the *participants or respondents* refer to the 647 personnel managers who completed the questionnaire, the *sample* refers to the 802 workplaces eligible to participate in the survey, and the *population* refers to all workplaces in Ontario with 50 or more employees. In 1989, the data were assessed in terms of how accurately characteristics of the

Figure 1: Population hierarchy



sample reflected population characteristics (i.e., representative). The sample was found to be representative in terms of geographic region and work sector.

Table 1 shows the actual number of work sites in Ontario in 1989, the total number of eligible work sites in the sample, and the total number of survey participants for each work sector. Comparing the 1993 sample with the 1989 population of work sites with 50 or more employees, about 7.6% of the original population was sampled, compared with about 8.8% in the 1989 survey. The sampling percentage varied considerably across work sector. For instance, for the construction industry, the sample contained only 5.6% of the original population. In contrast, for government, the sample contained 11.9% of the original population. These differences largely reflect actual changes in the population of work sites.

Table 1. Percentage of work sites sampled and response rates for each work sector

WORK SECTOR	TOTAL FOR ONTARIO (1989)	THE SAMPLE	PARTICIPANTS	SAMPLING PERCENTAGE	RESPONSE RATES
Primary Resources	165	13	12	7.9%	92.3%
Construction	534	30	24	5.6%	80.0%
Manufacturing	3915	281	215	7.2%	76.5%
Transportation/Communication/ Utilities	631	48	39	7.6%	81.2%
Wholesale Trade	827	65	48	7.8%	73.8%
Retail Trade	1300	95	62	7.3%	65.3%
Financial Institutions/Real Estate	689	59	43	8.6%	72.9%
Services	1084	82	66	7.6%	80.5%
Health/Education	1102	92	72	8.3%	78.3%
Government	310	37	32	11.9%	86.5%
TOTAL	10557	802	647	7.6%	80.6%

During the period from 1989 to 1993, Canadian businesses experienced considerable downsizing. In 1989, Dun and Bradstreet Canada Ltd. reported that 10,557 workplaces in Ontario had 50 or more employees, whereas in 1993 the number of such workplaces dropped to 10,077 -- a total drop of about 4.5%. Job losses were most severe in the construction and manufacturing industries (Canadian Economic Observer, 1991). Some industries experienced growth, however, including broadcasting, computers and telecommunications (Financial Post, 1993). Notably, new companies that may have emerged in the last four years were not included in the sample. Therefore, one shortcoming of this sample is that it is not representative of companies or organizations that entered the market after 1989.

Response rates for each work sector varied between a low of 65.3% for retail trade and 92.3% for primary resources (see Table 1). Companies in retail trade, financial institutions and wholesale trade were least likely to participate in the survey, whereas companies in primary resources and government were most likely to participate. Although each industry is well represented, these response patterns may introduce a small degree of bias into the results of the study when making generalizations to the population of work sites in Ontario.

Another problem relates to the size of work sites. The original sample obtained in 1989 only included workplaces with 50 or more employees. In 1993, the covering letter used in the survey specified that the focus of the study was on workplaces with 50 or more employees. As noted previously, a number of businesses did not complete the questionnaire for this reason. Surprisingly, however, a large proportion of participants (i.e., about 22.3%, N=144) returned the questionnaire despite having fewer than 50 employees. These workplaces were included in

the analyses since they represent a large proportion of survey participants. Separate analyses for workplaces with 50 or more employees were conducted where appropriate.

The Extent of EAPs

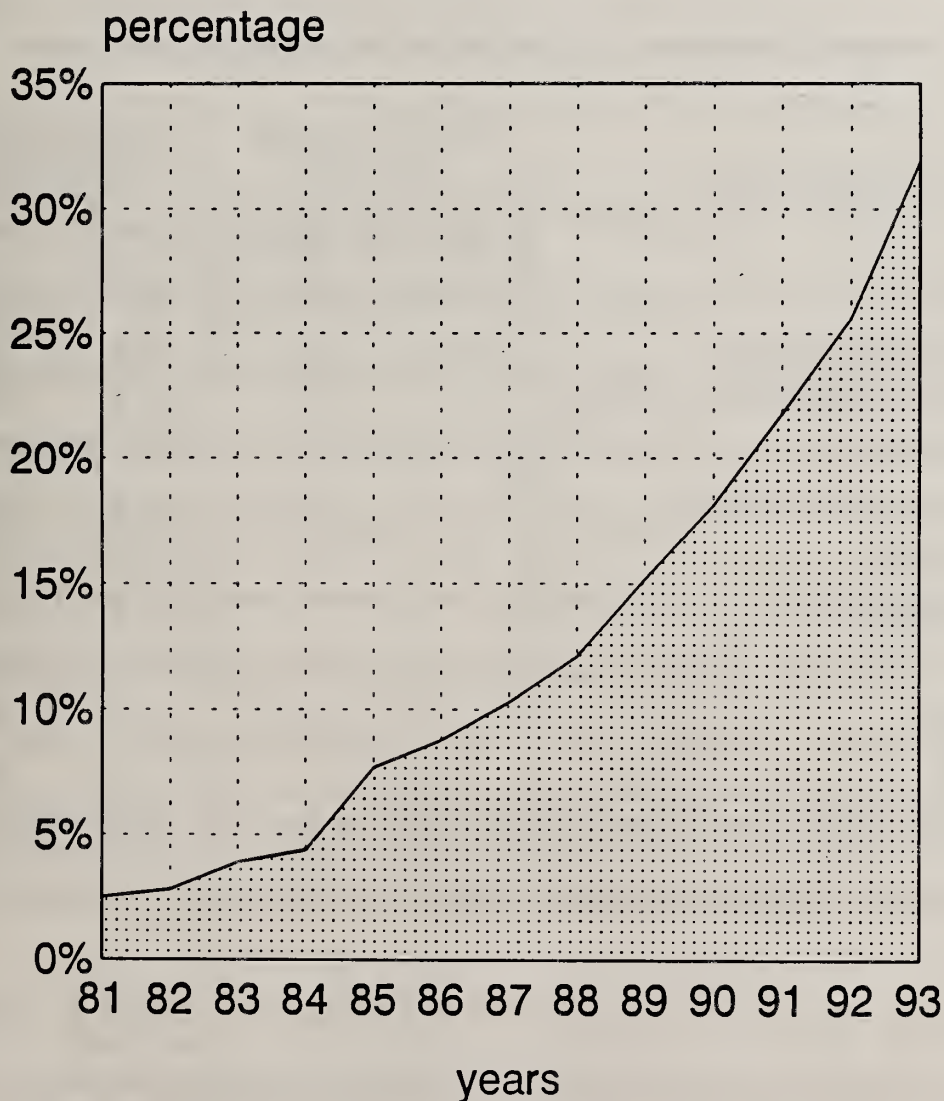
Overall, **32.0% of work sites in the sample reported having EAPs (i.e., $255 \div 798$)**, excluding four cases where information on EAP prevalence was unavailable. This is a dramatic increase from 1989, where only 16.1% of the work sites had EAPs. Out of the 647 work sites in the survey, 83,427 employees were covered by EAPs.

In order to assess trends over time, respondents were asked the year in which their EAP was developed. Figure 2 displays a growth curve of EAPs which shows the proportion of organizations with EAPs in each year since 1981 (excluding missing data). This curve shows an exponential increase and suggests that **the proportion of work sites with EAPs likely will grow by approximately 5% per year over the next few years**. Notably, 15.8% of participants without EAPs (or 64 workplaces) indicated an interest in developing an EAP. Together, these results suggest that substantial growth in EAPs will occur over the next few years.

Changes in EAP status for each workplace were tabulated between 1989 and 1993. About 14.5% of *all* work sites had EAPs in 1989 and still had these programs in 1993 (N=108); 17.8% started new EAPs after 1989 (N=133); and 3.2% that had EAPs in 1989 discontinued them by 1993 (N=24). Clearly, the proportion of work sites with EAPs has increased dramatically between 1989 and 1993².

²This trend is mostly attributable to the 133 work sites that implemented EAPs between 1989 and 1993. Another explanation for this percentage increase is that work sites ineligible to participate in the 1993 survey were less likely to have EAPs in 1989. Only 9.5% of the ineligible work sites had EAPs in 1989, compared with 16.1% for the whole sample. This means that businesses that had close down or downsized to fewer than 50 employees were less likely to have EAPs in 1989. However, only a small overall percentage increase in the proportion of work sites with EAPs is explained by the loss of these ineligible work sites.

Figure 2: Percentage of workplaces in Ontario with EAPs since 1981



Estimates are for January 1 of each calendar year

Table 2 shows the percentage breakdown of workplaces with EAPs by 10 major work sectors for 1989 and 1993. The proportion of work sites with EAPs has increased within each work sector between 1989 and 1993. For both the 1989 and 1993 data, government and health and education services were most likely to have EAPs, whereas construction and retail trade sectors were least likely to have EAPs.

Table 2. Percentage breakdown of organizations with EAPs by work sector

WORK SECTOR	TOTAL NUMBER OF EAPS		PERCENTAGE WITH EAPS	
	1989	1993	1989	1993
Government	14	19	38.9	51.4
Health and Education Services	28	42	29.5	45.7
Transportation, Communication, Utilities	11	19	20.8	39.6
Manufacturing	59	96	16.9	34.4
Financial Institutions/Real Estate	10	20	16.1	33.9
Wholesale Trade	14	21	18.2	32.3
Primary Resources	3	4	18.8	30.8
Services	7	21	8.1	25.9
Retail Trade	3	12	2.6	12.8
Construction	0	1	0	3.3
OVERALL TOTAL	149	255	16.1	32.0

N for 1989 survey = 926; N for 1993 survey = 798

The association between unionized work sites and EAPs was examined. Unionized work sites were more likely to have EAPs. This relationship was strongest for large work sites. Analyses were conducted to examine how the proportion of workplaces with EAPs varies according to the size of the workplace (i.e., number of employees). Consistent with previous

studies, as the size of the workplace increases so does the likelihood of having an EAP. Figure 3 shows that about 88.0% of workplaces with 1,000 or more employees have EAPs compared with only 11.9% of workplaces with less than 50 employees.

For medium to large sized work sites (i.e., 50 or more employees), 39.4%³ had EAPs. The total number of employees covered by EAPs was 82,977, which means about 63.9% of employees at medium to large sized work sites were covered by EAPs.

Characteristics of EAPs

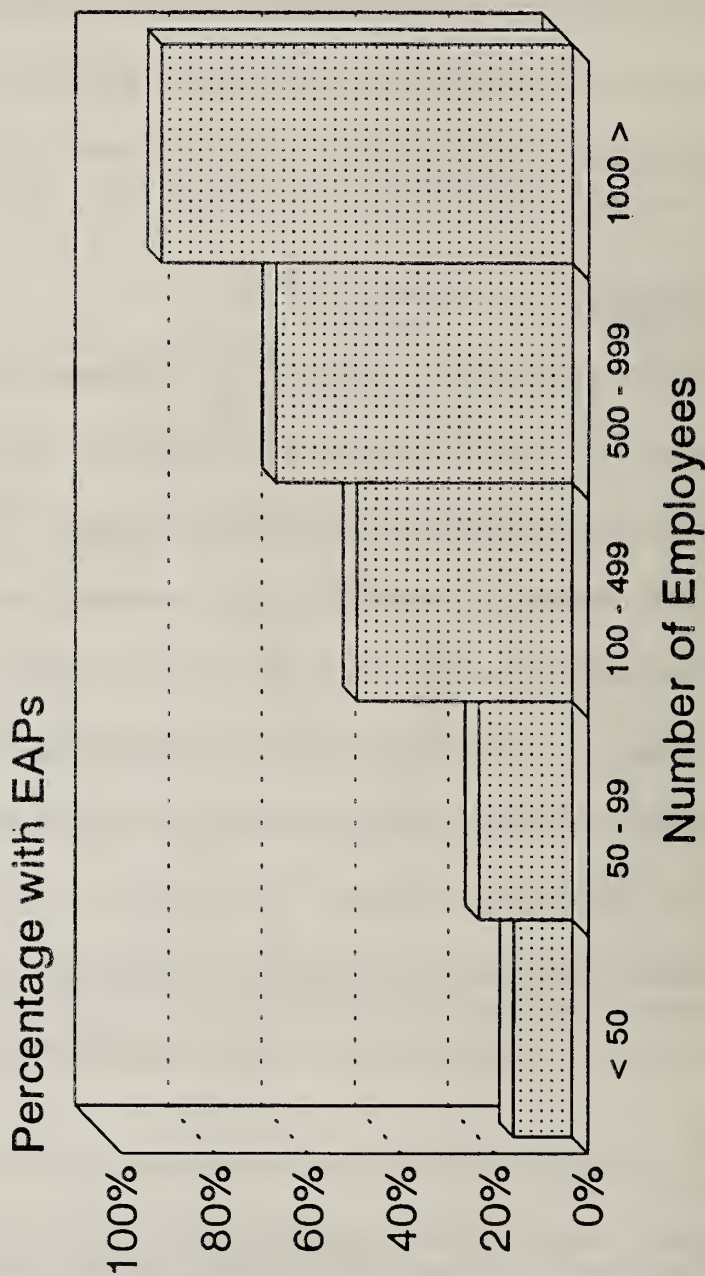
In this section, information is reported for the 220 respondents with an EAP. Table 3 shows the changes in the structural components of EAPs from the 1989 and 1993 surveys. In 1993, a lower proportion of workplaces with EAPs had formal written policies and procedures compared with 1989. Notably, it is possible that many companies that recently established EAPs without formal policies will develop them in the next few years.

Data on types of referral routes show a noticeable trend towards more employers providing exclusively voluntary, self-referral routes for treatment. While the proportion of workplaces using self-referrals increased from 92.9% to 98.1%, the proportion using management initiated referral routes correspondingly decreased from 55.6% to 32.6%. Very few EAPs implemented in the past four years included mechanisms for formal referrals.



³As previously mentioned, sources of bias from data collection methods could mean this figure is slightly inaccurate in relation to the province of Ontario. New businesses with 50 or more employees established within the four-year period from 1989 to 1993 were not represented in the 1993 survey. However, analyses of the 1989 data showed that businesses established during the four years prior to 1989 were just as likely to have EAPs as businesses that were established before 1989. Furthermore, bias due to non-participation is negligible, since 99.5% of workplaces provided information on whether they had an EAP. Therefore, this figure is likely close to the true percentage of workplaces with 50 or more employees with EAPs in the province.

Figure 3: Percentage of workplaces with EAPs by workplace size



N=613, Missing data excluded

Table 3. Breakdown of organizations with EAPs according to their structural characteristics

STRUCTURAL COMPONENTS OF EAPs	THOSE RESPONDING YES			
	NUMBER ¹		PERCENTAGE ²	
I. STRUCTURE OF EAP	1989	1993	1989	1993
Formal written policy and procedures	92	140	74.8	67.3
Management-union representation ³	58	77	61.7	62.6
Provides training to supervisors to detect problems	79	120	65.3	57.1
Family members permitted to use EAP	84	153	70.6	73.2
II. TYPE OF REFERRAL ROUTES				
Voluntary - self referral	117	211	92.9	98.1
Voluntary - union suggested	65	94	51.6	43.7
Voluntary - management suggested	110	178	87.3	82.8
Formal (mandatory - management initiated)	70	70	55.6	32.6
III. TYPE OF TREATMENT SERVICES UTILIZED				
Internal services	66	62	52.4	29.4
Public community service agencies	91	137	72.2	64.9
Private EAP contracted	61	121	48.4	57.3
IV. TYPE OF REFERRALS ACCEPTED				
Alcohol/drug problems	123	206	97.6	96.7
Personal/family problems	113	195	89.7	91.5
Legal problems	84	151	82.5	70.9
Work problems	N/A	179	N/A	84.0
Financial problems	N/A	168	N/A	78.9
V. METHODS USED TO PROMOTE EAP				
Posters	65	106	51.6	49.5
Letters to employees	65	93	51.6	43.5
Information sessions	67	107	53.2	50.0
EAP policy given to all employees	41	64	32.5	29.9
Other	27	72	21.4	32.7
No promotion	22	40	17.5	18.7

¹Total number of work sites with EAPs: 1989 survey (N=126); 1993 survey (N=220).

²Percentages exclude cases where respondents did not provide an answer.

³These percentages only include work sites with unionized employees.

Another significant trend over the past four years was a substantial reduction in the use of internal services for treatment and an increase in the use of private EAP service providers. As well, the proportion of employers using public community service agencies for treatment declined somewhat between 1989 and 1993. Clinical assessments for problems practically always occurred at the same location as treatment.

In terms of types of problems accepted for treatment, "broad brush" programs continue to be preferred. Most EAPs accept referrals from people with many different types of problems, including alcohol and drug problems, personal/family and work problems. Therefore, practically all programs in Ontario can be classed as "broad brush".

Finally, a slight decrease occurred in the proportion of employers using methods to promote their EAPs for each of the listed methods of promotion. This decline can be partially explained by the fact that a larger proportion of employee managers reported using other types of materials for promotional purposes, such as pamphlets (22) and newsletters (13). Another possible explanation for the overall decline is a reluctance by some companies to promote their EAPs, since costs in premiums might increase if usage goes up.

Employers with EAPs were asked to indicate how many voluntary and formal referrals to the EAP had occurred. Only 67 employers had actual figures for the number of people who used the EAP. Among these organizations, the overall rates of referrals per 100 employees were: 7.3 for voluntary referrals, 0.5 for formal referrals, and 7.8 in total. Rates of referrals were highest for internal programs (9.7%), followed by public EAP providers (7.9%) and lowest among private providers (6.6%).

Estimates of EAP Coverage and EAP Referrals in Ontario

In this sample, 63.9% of employees at medium to large sized work sites (i.e., those with 50 or more employees) were covered by EAPs, whereas in the 1989 survey only 27.3% of employees were covered. Applying this percentage to the population of medium to large sized work sites in Ontario, an estimated 1,779,000 employees are covered by EAPs (see Appendix D for details on these and other estimates in this report). Applying the rates of EAP use (i.e., 7.8%) to the estimated total number of employees covered by EAPs at medium to large sized work sites in Ontario, an estimated 139,000 people from these workplaces seek treatment through EAPs per year in Ontario. An estimated 33,000 employees seek treatment through internal services, 60,000 through public services and 45,000 through private EAP services. At small work sites (i.e., less than 50 employees) a rough estimate of the number of employees covered by EAPs is 113,000. Therefore, the estimated total number of employees covered by EAPs at work sites of all sizes is about 1,892,000 and roughly 148,000 use EAPs per year from all work sites.

Although accurate information on the percentage of employees entering treatment for alcohol and drug problems is unavailable, a rough estimate is that about 10% have primary diagnoses for alcohol and/or drug problems⁴. Assuming this figure is correct, about 14,800 people per year seek treatment through an EAP for alcohol or drug problems. A much larger proportion is estimated to receive early intervention counselling for alcohol and drugs since

⁴This figure was obtained through consultations with representatives from a large EAP service provider. Between 3% to 25% of EAP users at different work sites were diagnosed with a primary alcohol or drug problem. As well, the authors studied three workplaces where alcohol or drug problems represented 6%, 11%, and 11% of all EAP referrals. The percentage of employees with alcohol or drug problems entering treatment likely depends on a number of factors such as the seriousness of problems in the workplace, other programs in the workplace, and the degree to which counsellors are looking for such problems.

substance abuse is frequently associated with other types of problems (i.e., marital, personal, financial, etc.).

Most employers (73.2%) permit family members to use their EAPs. Assuming the average family unit is comprised of 3.1 people (Statistics Canada, 1993b) and excluding 32.1% of employed persons who were never married (Statistics Canada, 1993a), an estimated 1,975,000 additional family members have access to treatment through an EAP. In total, an estimated 3,672,000 people (or 33.9% of all Ontario residents) have access to treatment through an EAP.

The Nature and Extent of Drug Testing Programs

Questions on the nature and prevalence of drug testing programs were not included in the 1989 provincial survey because the approach was very new and few companies appeared to have such programs. In recent years more attention has been paid to the use of drug testing programs. Therefore, several questions on the reasons for drug testing and types of testing programs were included in the 1993 survey. Results from this survey showed that only 4.0% (i.e., 26 ÷ 646) of workplaces had drug testing programs. Three-quarters of these programs were implemented in the past four years, which means that about 1.0% of workplaces had such programs in 1989. Large companies (i.e., companies with more than 100 employees) were most likely to have drug testing programs. As expected, workplaces in the transportation, communication and utilities work sector were most likely to have drug testing (15.4%). However, work sites with drug testing were found in every other work sector except construction.

Figure 4 shows the types of drug testing programs used in Ontario. The most common type of testing was pre-employment (65.4%), followed by reasonable suspicion testing (34.6%) (i.e., when there are some grounds for believing someone has used drugs). Less common types of testing were random testing (15.4%), post-accident testing (11.5%), periodic testing (11.5%), after rehabilitation testing (7.7%) and job transfer testing (7.7%).

Employers using testing programs were asked to indicate which employees were required to undergo testing. A large proportion of employers indicated that *all* employees were tested (46.2%) and 30.8% indicated that employees in potentially hazardous jobs were tested. In contrast, 3.8% reported testing only employees who work with the public, 3.8% tested employees with job performance deficits, and 11.5% tested managers.

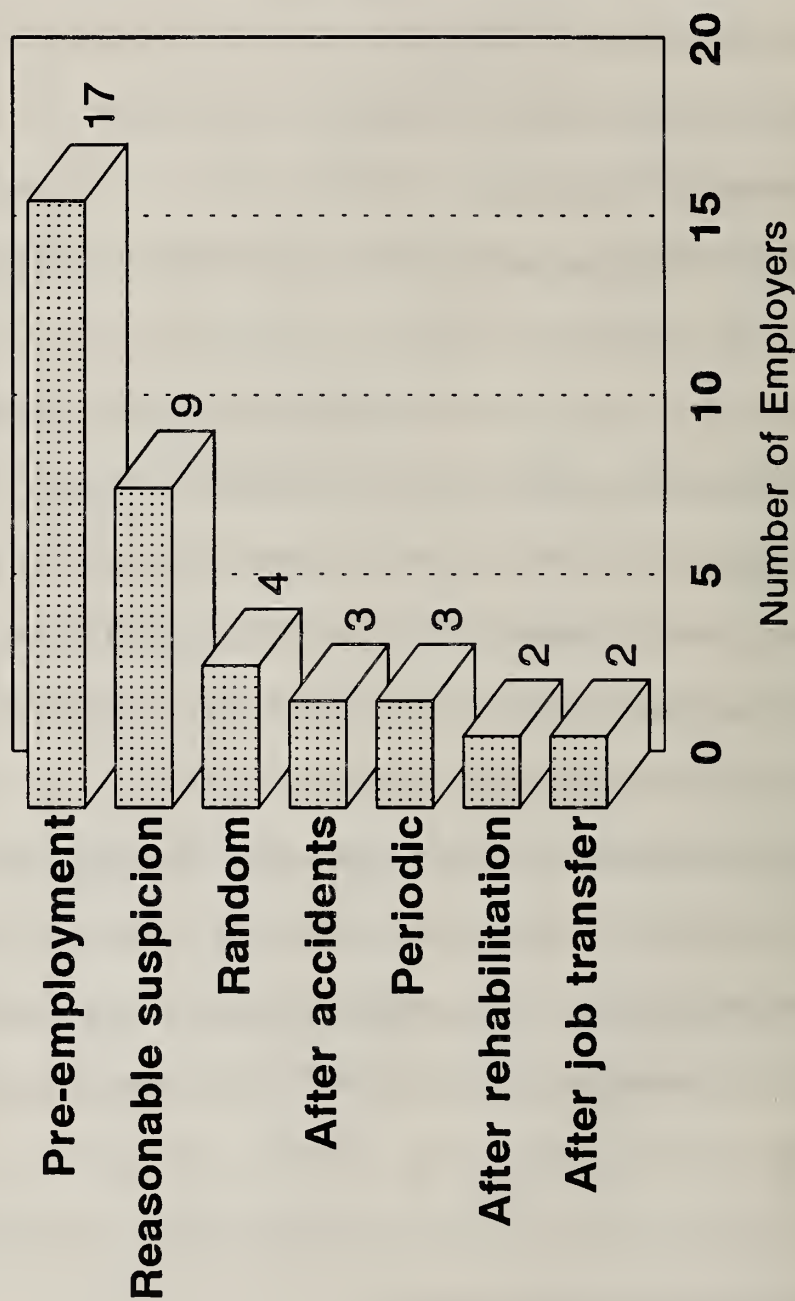
Employers were asked to indicate what types of substances were screened. Many indicated that they tested for alcohol (73.1%), cocaine/crack (73.1%), and cannabis/marijuana (73.1%). Fewer employers indicated that they tested for heroin (65.4%), amphetamines (speed or bennies) (57.7%), and prescription drugs (38.5%).

Finally, employers were asked to indicate what the consequences are for employees who test positive. For those with pre-employment screening, a common consequence was the applicant was not hired (68.8%). For other types of programs, the two most frequent responses were referral to treatment, usually through an EAP, or cases were simply treated on an individual basis.

The Extent of Health Promotion Programs

Table 4 shows the percentage of work sites with various health promotion programs (HPPs). Results are presented for the 1993 survey, and where available, the 1989 survey. Employers were more likely to have HPPs in 1993 than in 1989. Increases in the proportion

Figure 4: Types of drug testing programs employed



N = 26

of work sites with HPPs were found for nearly all types of the programs listed. Most of these increases were small -- approximately 2 to 3 absolute percentage points. The largest increases occurred for blood pressure clinics, nutrition programs and distribution of information on drugs.

Table 4. Percentages of work sites with health promotion programs

TYPE OF PROGRAMS	PERCENTAGES ¹	
	1989	1993
Sponsorship for courses to learn new skills	N/A	51.1
Distribution of material about healthy lifestyles	N/A	35.9
Smoking cessation	23.7	27.3
Information on alcohol	20.4	27.3
Retirement planning	N/A	26.2
Information on drugs	20.4	25.9
Information on AIDS	23.1	22.8
Blood pressure clinic	11.2	21.3
Nutrition	12.1	20.2
Stress management	13.6	19.6
Fitness (such as calisthenics)	13.9	18.0
Career planning	N/A	17.7
Financial planning	N/A	15.4
Weight reduction	9.9	13.2
Day care services	4.3	4.8

¹Missing data excluded

About 69.3% (N=446) of work sites had at least one out of the 15 health promotion programs listed in Table 4. In the 1989 survey, only 11 health promotion programs were listed in the questionnaire. Results from the 1989 study indicated that 35.8% of work sites had at least one out of these 11 programs. In contrast, in 1993, 52.0% of work sites had at least one out of the 11 same HPPs.

Work sites in wholesale trade, health and education, government, and manufacturing were most likely to have at least one HPP. In addition, larger work sites were more likely to

have HPPs. More than 92% of work sites with 500 or more employees had at least one out of 15 HPPs, whereas only 52.4% of work sites with less than 50 employees had at least one HPP.

Accident and Absenteeism Rates

Table 5 displays the overall accident rates for each work sector. These figures were based on the total number of compensable accidents in each company obtained from employee records. The highest accident rates were found in construction (13.4%), transportation, communications or utilities (10.6%), and government (9.7%). In contrast, the lowest accident rates were found in financial institutions (1.3%), primary resources (2.7%), and services (3.1%). The average accident rate for all companies was 5.9%.

Table 5. Breakdowns of accident rates by work sector

WORK SECTOR	N	NUMBER OF ACCIDENTS	NUMBER OF EMPLOYEES	RATE PER 100 EMPLOYEES
Construction	12	116	868	13.4
Transportation/Communications/Utilities	12	274	2,586	10.6
Government	14	2,986	30,761	9.7
Health/Education	41	1,771	24,674	7.2
Manufacturing	107	1,196	23,211	5.2
Retail Trade	17	259	5,990	4.3
Wholesale Trade	16	136	4,068	3.3
Services	22	109	3,496	3.1
Primary Resources	3	15	554	2.7 ¹
Financial Institutions/Real Estate	14	320	24,680	1.3
TOTAL	258	7,182	120,888	5.9

¹Sample sizes are too small for reliable estimates.

Table 6 displays the absenteeism rates of employees for each work sector. Only 122 companies had actual records on employee absenteeism, making work sector breakdowns of absenteeism rates less reliable than those obtained for accidents. For companies in transportation, wholesale trade, primary resources, and construction, the number of cases was too small to produce reliable estimates. Excluding these industries, the highest absenteeism rates were found in government (11.7%) and health and education (8.9%). The lowest absenteeism rates were found in manufacturing (6.1%) and services (4.9%). The overall absenteeism rate for all companies was 8.2%.

Table 6. Breakdowns of absenteeism rates by work sector

WORK SECTOR	N	NUMBER OF DAYS LOST	NUMBER OF EMPLOYEES	RATE PER 100 EMPLOYEES
Transportation/Communications/Utilities	2	8,238	671	12.3 ¹
Government	12	346,902	29,763	11.7
Health/Education	32	148,775	16,647	8.9
Finance	9	325,621	48,486	6.7
Retail	5	7,664	1,222	6.3
Wholesale Trade	5	4,024	651	6.2 ¹
Manufacturing	43	70,323	11,541	6.1
Services	9	7,549	1,547	4.9
Primary Resources	1	2,530	1,100	2.3 ¹
Construction	4	309	182	1.7 ¹
TOTAL	122	921,934	111,810	8.2

¹Sample sizes are too small for reliable estimates.

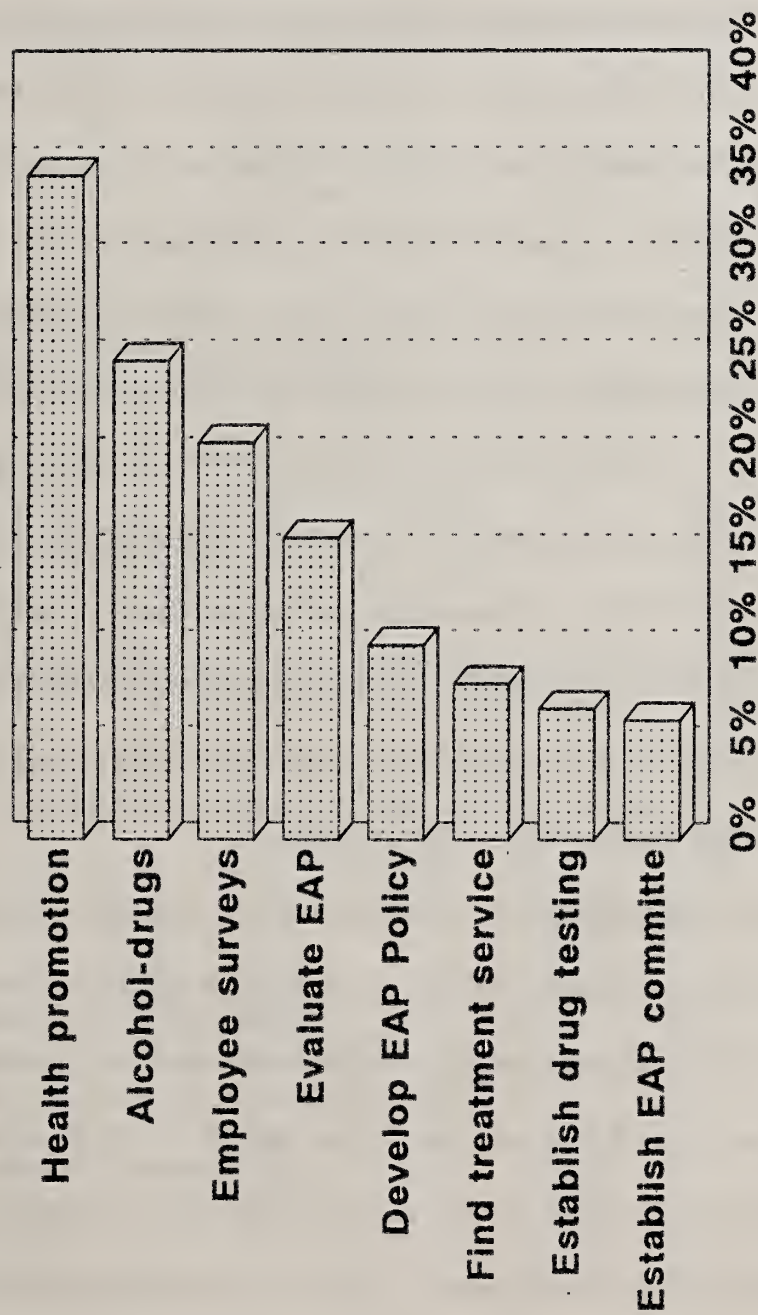
Interest in Programs and Information

In order to determine likely future trends, personnel managers were asked to indicate whether they were interested in establishing or developing programs for employees or receiving information about programs and materials for employees. Figure 5 shows the percentage of respondents who indicated interest in different types of programs and information. Employers were most likely to be interested in information on health promotion in the workplace (34.4%) and information about alcohol and drugs (24.8%). About 20.6% (N=127) expressed interest in conducting a survey of employees to identify employee problems and program needs. About 10.1% (N=62) indicated an interest in developing an EAP policy and 6.8% (N=42) were interested in establishing a drug testing program. Generally, respondents expressed more interest in receiving information than establishing new programs.

Conclusions

Substantial changes have taken place over the past four years with respect to the extent of workplace programs. It took about 50 years prior to 1989 before 16.1% of Ontario workplaces had EAPs. Since then, the proportion of workplaces with EAPs has doubled, with 32.0% of work sites utilizing EAPs today. Similarly, the proportion of workplaces with HPPs has also increased. In 1989, the proportion of work sites with at least one out of 11 health promotion programs was 35.8%. This figure has risen to 52.0% in 1993. In addition, the proportion of work sites with drug testing programs has increased from 1.0% to 4.0% between 1989 and 1993.

Figure 5: Interest of workplaces in various issues



N=647, Missing data excluded

These marked increases in the prevalence of EAPs and HPPs are likely related to an increasing belief among employers that having healthy employees translates into a more productive workplace. As well, employers may be adopting EAPs to help employees adjust to cutbacks, rollbacks and layoffs. Employees facing the additional stress of workplace downsizing may benefit from having access to EAPs and HPPs. Employers may also feel that the workplace represents an effective means for the provision of mental and social treatment services. With EAPs, access to treatment is greatly simplified as employees and their families usually can obtain assistance at anytime by using a 24-hour hotline service. Furthermore, employees are typically seen by a counsellor much sooner than those seeking treatment through community funded programs.

Although an increase was found in the prevalence of drug testing programs in the past four years, EAPs and HPPs are far more prevalent among Ontario work sites. Only 4.0% of work sites had drug testing programs, which represents a very small proportion of Ontario's work sites. A possible explanation for these trends is that employers prefer to emphasize treatment and health promotion as opposed to detection.

The dramatic rise in the prevalence of EAPs in the past four years has direct implications for the overall health of Ontario residents. This change suggests an increasing role of the private sector in the provision of mental and social health services. Exactly how this increase will affect the provision of these services by government is largely unknown and should be examined. Also, how these new services will affect the health of employees in the workplace and Ontario residents should be explored. Overall, the increased emphasis by employers on prevention, treatment and health promotion is a trend that will likely have a positive impact on the health of Ontario workers.

WORKFORCE HEALTH PROGRAMS QUESTIONNAIRE

PART I: Employee Assistance Program Information

FOR OFFICE
USE ONLYID CN WS

1. Does your organization currently have an Employee Assistance Program (EAP)?

Circle number of
best answer

Yes 1

No 2

(If NO, go to PART II, p.3)

Enter #

2. How long has your organization had the EAP? | __ | __ | Years

3. (a) Does your organization have a written EAP policy and procedures?

Yes 1

No 2

(b) Are both management and union represented in an active EAP committee?

Yes 1

No 2

Does not apply because this company does not have a union 3

(c) Are referrals to the EAP...

Check all
that applyVoluntary-Self Referral? ☐Voluntary-Union Suggested? ☐Voluntary-Management Suggested? ☐Formal (Mandatory-Management Initiated)? ☐

(d) Are assessments for treatment made...

On-Site? ☐Off-Site? ☐

(e) What treatment services are used to assist employees with problems?

Internal Services ☐Public Community Service Agencies ☐Private EAP Contracted Services ☐

(f) How does your organization promote awareness of the EAP for all employees?

- Posters ☐
- Letters to Employees ☐
- Information Sessions ☐
- EAP Policy Given to All Employees ☐
- Other _____ ☐
- No Promotion ☐

(g) Does the EAP accept referrals with...

- Alcohol/Drug Problems? ☐
- Personal/Family/Marital Problems? ☐
- Legal Problems? ☐
- Work Problems? ☐
- Financial Problems? ☐
- Other _____ ☐

(h) Are family members of employees permitted to use the EAP?

Circle number of
best answer

- Yes 1
- No 2

(i) Does your organization provide training to supervisors to identify employees who are encountering job performance problems?

- Yes 1
- No 2

(j) Would you like your EAP evaluated?

- Yes 1
- No 2
- Don't Know

4. In a recent 12 month period, how many people used the EAP ...

Enter #

- (a) voluntarily? | _ | _ | _ | _ | people
- (b) through management initiated referrals? | _ | _ | _ | _ | people
- (c) in total (i.e., (a) + (b))? | _ | _ | _ | _ | people

How were the estimates for Question 4 derived?

Circle number of
best answer

- Actual Figure from Company Data 1
- Estimate-Based on a Sample of Records or Other Concrete Information . . . 2
- Estimate-Simply the Best Guess 3

PART II: Drug and Alcohol Testing in the Workplace

1. Does your organization currently conduct any type of drug or alcohol testing (screening)?

Yes 1
No 2

(If NO, go to Part III, p.4)

2. How long has your drug screening program been in operation? |__|__|__| Years

3. Which employees are required to undergo drug or alcohol testing?

Check all
that apply

Employees Working in Potentially Hazardous Jobs to Themselves or Others ☐
Employees Working Directly With The Public ☐
Employees Who Show Deficits in Job Performance ☐
Managers ☐
All Employees ☐

4. On what occasions are tests conducted?

Pre-Employment ☐
Periodic (e.g., with regular medical examination) ☐
On a Random Basis ☐
After on The Job Accidents ☐
On Transfer to Another Position ☐
On Return from Rehabilitation ☐
Reasonable Suspicion of Impairment ☐
Other (specify) _____ .. ☐

5. What kind of substances are screened?

Alcohol ☐
Cocaine/Crack ☐
Cannabis/Marijuana/Hashish ☐
Hallucinogens (LSD, PCP, Mescaline) ☐
Heroin, Opium, Methadone ☐
Speed, Bennies, Amphetamines ☐
Prescription Drugs ☐
Other (specify) _____ .. ☐

6. What are the consequences of positive tests for employees at your organization?

Circle number of best answer for (a) through (g)

	Yes	No	Not Applicable
(a) Job Applicant Not Hired	1	2	3
(b) Immediate Dismissal	1	2	3
(c) Referred to EAP or Other Treatment	1	2	3
(d) Cases Treated on an Individual Basis	1	2	3
(e) Warning given on first occasion	1	2	3
(f) Choice given between treatment or dismissal	1	2	3
(g) Other (specify) _____ . .	1	2	3

PART III: Types of Education, Prevention and Health Promotion Programs

1. Does your organization have health policies and/or programs for employees that include...

Check all
that apply

- Fitness (such as Calisthenics)? ☐
- Weight Reduction? ☐
- Smoking Cessation? ☐
- Stress Management? ☐
- Career Planning? ☐
- Retirement Planning? ☐
- Day Care Services? ☐
- Distribution of Materials to Employees About Healthy Lifestyles? ☐
- Blood Pressure? ☐
- Nutrition? ☐
- Information on Alcohol? ☐
- Information on Drugs? ☐
- Information on AIDS? ☐
- Financial Planning? ☐
- Sponsorship for Courses to Learn New Skills? ☐
- Other _____ . . ☐

PART IV: Characteristics of Your Organization.

In this section of the questionnaire, information is requested on some specific characteristics of your organization. We recognize that not all organizations collect this information. If this is the case for your organization, we ask that you provide your best estimate and indicate how the estimate was derived. Questions 1 and 2 ask for information from any 12 month period within the last few years.

1. (a) What is the average number of days lost per employee per year due to absenteeism?

(If needed, add a decimal point)

| _ | _ | _ | _ | Days Lost
Per Employee

- (b) How was the estimate for this question derived?

*Circle number of
best answer*

Actual Figure From Company Data	1
Estimate--Based on a Sample of Records or Other Concrete Information . .	2
Estimate--Simply the Best Guess	3

2. (a) What is the total number of compensable accidents?

| _ | _ | _ | _ | Accidents

- (b) How was the estimate for this question derived?

*Circle number of
best answer*

Actual Figure from Company Data	1
Estimate--Based on a Sample of Records or Other Concrete Information . .	2
Estimate--Simply the Best Guess	3

3. (a) How many full time equivalent employees work at this location?

| _ | _ | _ | _ | Employees

- (b) How many full time equivalent employees work at all branch locations?

| _ | _ | _ | _ | Employees

- (c) Do your answers to Q. 2(a) above and Q.4, p.2 refer to employee records at...

Your location only	1
All branches in Ontario	2
Other _____	3

4. Is this location a head office?

Circle number of
best answer

Yes 1
No 2

5. Do branch offices have the authority to generate their own policies for employees?

Yes 1
No 2
Not Applicable 3

6. Approximately what percentage of employees in your organization are unionized?

| _ | _ | _ | %

7. Are you interested in...

Check all
that apply

Establishing an EAP or revising an existing EAP? ☐
Assistance with setting up an EAP committee? ☐
Assistance with developing an EAP policy? ☐
Assistance with obtaining treatment services? ☐
Information on evaluating EAP's? ☐
Information about health promotion in the workplace
(i.e., fitness, stress reduction programs, etc.)? ☐
Information about alcohol and drugs? ☐
Establishing or revising a drug screening program? ☐
Conducting an employee survey to identify employee
problems and program needs? ☐

YOUR NAME: _____

POSITION: _____

YOUR ORGANIZATION: _____

PHONE NUMBER: _____

*THANK YOU for completing this questionnaire.
Please return it in the self-addressed stamped envelope provided.*



Appendix B
Initial Covering Letter

Addiction
Research
Foundation

November 12, 1992

Fondation
de la recherche
sur la toxicomanie

Programs and
Services Evaluation
Research Department
Centre de
recherche sur
l'évaluation des
programmes et
services

1 ~
2 ~

Mailing Address
Addiction Research
Foundation
The Gordon J.
Mogenson Building
Suite 200
100 Collip Circle
UWO Research Park
London, Ontario
N6G 4X8

Fondation de la
recherche sur la
toxicomanie
Édifice Gordon
J. Mogenson
Bureau 200
100, Collip Circle
Zone de recherche
de l'U.W.O.
London (Ontario)
N6G 4X8

Tel: (519) 858-5000
Fax: (519) 858-5199

Central Office
Siege social

33 Russell St.
Toronto, Ontario
Canada M5S 2S1

33, rue Russell
Toronto (Ontario)
Canada M5S 2S1

Tel: (416) 595-6000
Fax: (416) 595-5017

Dear 1 ~ :

In 1988 we conducted a survey of Ontario work sites with 50 or more employees to determine which organizations had Employee Assistance Programs (EAPs) and to identify other important workplace characteristics. Your organization was one of those randomly selected to participate in the 1988 survey. The findings of this survey were published in a journal and are highlighted on the attached page. Also provided on this page is an explanation of the role of EAPs and the Addiction Research Foundation (ARF) in the workplace.

We are now contacting these same employers to determine the extent to which EAPs and other workplace characteristics have changed since that time. In addition, we would like to obtain an indication of the number and nature of drug screening programs in Ontario work sites.

Enclosed is a copy of a questionnaire and self-addressed envelope. Please complete the questionnaire and return it as soon as possible. The success of this study depends upon your participation. Please be assured that any information you provide about your organization and its programs will be kept strictly confidential. While results from individual organizations may be used by the ARF for planning purposes, only group results of the survey will be made available to outside sources.

If you have any questions regarding the questionnaire, or want more information regarding EAPs, please contact me at (519) 858-5000.

Sincerely,

Scott Macdonald, Ph.D.
Scientist

Encls.
SM:ss

cc: 3 ~

An agency of the
Province of Ontario
Un organisme de
la province de l'Ontario



Appendix C
Follow-up Covering Letter

Addiction
Research
Foundation

Fondation
de la recherche
sur la toxicomanie

Programs and
Services Evaluation
Research Department
Centre de
recherche sur
l'évaluation des
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Tel (416) 595-6000
Fax (416) 595-5017

January 11, 1993

1 ~

2 ~

Dear 1 - :

Recently we sent you a questionnaire about Employee Assistance Programs (EAPs) and other workplace programs. The major purpose of the survey is to document the number of EAPs in Ontario, their characteristics, and other relevant information. Please note that whether or not your organization has an EAP or any other programs, we are still interested in any information that you might provide. As well, if you feel you cannot answer certain questions, please omit them and answer the remaining questions as best you can.

In order to ensure the success of this research project, it is very important that the questionnaire be completed by each organization. Therefore, I have enclosed another copy of the questionnaire for you or another suitable person to complete. Please return the questionnaire in the self-addressed, stamped envelope. If you have recently completed and returned the original questionnaire, please disregard this letter.

Thank you for your co-operation. If you have any questions or comments, please do not hesitate to phone me at (519) 858-5000.

Sincerely,

Scott Macdonald, Ph. D.
Scientist

Encls.
SM:sw

Appendix D

Detailed Calculations

MEDIUM TO LARGE SIZED WORK SITES (i.e., work sites with 50 or more employees)

- Percentage of employees in the sample at medium to large sized work sites covered by EAPs
 - = number of employees at medium to large work sites with EAPs ÷ total number of employees at medium to large work sites
 - = 82,997 (N=186) ÷ 129,856 (N=470)
 - = 63.9%
- Estimate of the total number of employees at medium to large sized work sites in the population
 - = average number of employees at work sites with 50 or more employees obtained from the sample x number of work sites with 50 or more employees in the population
 - = 276.29 x 10,077¹
 - = 2,784,174
- Estimate of the total number of employees at medium to large sized work sites covered by EAPs in the population
 - = percentage of employees covered x number of employees at medium to large sized work sites in the population
 - = 63.9% x 2,784,174
 - = 1,779,087
 - ≈ 1,779,000
- Estimate of the number of people who seek treatment through an EAP
 - = average rate of referrals to EAPs per 100 employees obtained from the sample (see page 21) x total number of employees covered by EAPs
 - = 7.8% x 1,779,087
 - = 138,769
 - ≈ 139,000
- Estimate of the number of employees who seek treatment through a) internal, b) public or c) private EAP services at medium to large sized work sites
 - a) = average rate of referrals to internal services obtained from the sample x proportion of work sites with internal services in the sample x total number of employees covered by EAPs
 - = 9.69% x 19.38% x 1,779,087
 - = 33,410
 - ≈ 33,000

¹ Dun and Bradstreet, 1993

- b) = average rate of referrals to public EAP services obtained from the sample
 x proportion of work sites with public EAP services in the sample x total
 number of employees covered by EAPs
 = $7.89\% \times 42.81\% \times 1,779,087$
 = 60,092
 $\approx 60,000$
- c) = average rate of referrals to private EAP services obtained from the sample
 x proportion of work sites with private EAP services in the sample x total
 number of employees covered by EAPs
 = $6.64\% \times 37.81\% \times 1,779,087$
 = 44,665
 $\approx 45,000$

SMALL WORK SITES (i.e., work sites with less than 50 employees)

- Estimate of the total number of employees at small work sites in the population
 - = total number of employees in Ontario – number of employees at work sites with 50 or more employees
 - = $5,041,940^2 - 2,784,174$
 - = 2,257,766
- Estimate of the total number of employees at small work sites covered by EAPs
 - = percent of small work sites with EAPs x number of employees at small work sites
 - = $5\%^3 \times 2,257,766$
 - = 112,888
 - $\approx 113,000$

WORK SITES OF ALL SIZES

- Estimate of the total number of employees covered by EAPs (at work sites of all sizes)
 - = number of employees covered by EAPs at small work sites + number of employees covered by EAPs at medium to large sized work sites
 - = $112,888 + 1,779,087$
 - = 1,891,975
 - $\approx 1,892,000$

² Statistics Canada, 1993a

³ Unfortunately, information about the prevalence of EAPs among small work sites is unavailable. Furthermore, the sample used in this study provides an inaccurate estimate of the proportion of small work sites with EAPs because it includes only those work sites that had more than 50 employees in 1989. The figure provided (5%) is a rough estimate based on information obtained through discussions with various professionals in the field and extrapolations from survey data.

- Estimate of the number of people who seek treatment through an EAP
 - = average rate of referrals to EAPs per 100 employees obtained from the sample x total number of employees covered by EAPs
 - = 7.8% x 1,891,875
 - = 147,566
 - ≈ 148,000

- Estimate of the percentage of all employees covered by EAPs (at work sites of all sizes)
 - = total number of employees covered by EAPs ÷ total number of employees in Ontario
 - = 1,891,975 ÷ 5,041,940
 - = 37.5%

- Estimate of the number of employees whose family members are covered by EAPs in the population
 - = total number of employees covered by EAPs x percentage of work sites that permit family members to use EAPs
 - = 1,891,975 x 73.2%
 - = 1,384,926

- Estimate of the number of single employees at work sites with EAPs where family members can use EAPs
 - = number of employees whose family members can use EAPs x percentage of singles in the workplace
 - = 1,384,926 x 32.1%⁴
 - = 444,561

- Number of additional family members of employees covered by EAPs
 - = (Number of employees whose family members are covered by EAPs – number of single employees at work sites with EAPs where family members are covered) x (Number of additional family members per family)
 - = (1,384,926 – 444,561) x 2.1⁵
 - = 1,974,767
 - ≈ 1,975,000

⁴ Statistics Canada, 1993a

⁵ Statistics Canada, 1993b

- Estimate of the number of employees covered by EAPs whose spouses are also covered by EAPs through their own work sites
 - = percent of families that have two spouses who work x probability that both spouses would be covered by an EAP x (number of employees covered by EAPs + the number of family members covered by EAPs)
 - = $41.3\%^6 \times (37.5\% \times 37.5\%) \times (1,974,767 + 1,384,926)$
 - = 195,125

- Total number of people (including family members) covered by EAPs
 - = number of employees covered + number of additional family members – number of additional family members covered by their own EAPs
 - = $1,891,975 + 1,974,767 - 195,125$
 - = 3,671,617
 - $\approx 3,672,000$

⁶ Statistics Canada, 1993c

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